

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO 470)

SERIAL NO. 442387

FILING DATE 11/18/99

APPLICANT

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	NO.	OFF.	NO.	OFF.	NO.	OFF.
1	/					
2	/					
3	/					
4	/					
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49						
50						
TOTAL NO.	10					
TOTAL OFF.	4					
TOTAL	14					

	NO.	OFF.	NO.	OFF.	NO.	OFF.
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